## **CLASS REGISTRATION BEGINS AUGUST 12th AT 9 AM**

# REGISTER ONLINE www.hbsands.org

- Save TimeNo Waiting
- Save Postage
  No Stress

### Mail, Walk In or Drop Off your registration at any HB Community Services Center

- 1. Mail-in registration will not be given any priority.
- 2. Payment by check or money order made payable to the City of Huntington Beach please include a separate check for each class. \$30 will be charged for returned checks.
- 3. Payment by credit card Please complete all payment information on the Registration Form.
- 4. To receive a class confirmation receipt, simply enclose one self-addressed, stamped envelope.
- 5. Improperly submitted registration will not be processed.
- 6. Mail registration to: City of Huntington Beach, Community Services Department PO Box 190, Huntington Beach, CA 92648-0190



#### WITHDRAWAL AND REFUND POLICY:

Full refunds/credits are available for classes that are cancelled. All other withdrawals are subject to a \$6 processing fee for each class. Refunds/credits after the start of the program are contingent upon City approval and are for illnesses only and will be assessed a \$6 processing fee and prorated based on the number of classes held. Credit Card transactions will be refunded to the same credit card. Cash or check transactions may receive a refund 4 to 6 weeks after the request. Refunds are not available for special events, classes that have concluded, or workshops without a two-day notice.



\*Name:

\*Address

The City of Huntington Beach Community Services Department intends to comply with the Americans with Disabilities Act. If you require special assistance for participation in our recreation programs please notify staff at the time of registration or call 714-536-5486.

\*Email:

Billing Address:

\*Zip Code:

## WALK-IN/MAIL-IN CLASS REGISTRATION FORM (PRINT)

-								
E	*Home Phone: ( )	Work P	hone: (	)	Cell Ph	none: (		
	* Required Fields. Email	address will only be used for	r City of H	untington	Beach information.			
	Activity #	Activity Name	Day	Time	Participant Name	Birth Date	Gender	Fee
							M F	
P							M F	
A							M F	
K C							M F	
I	Total of Activities Fees \$							
P A N	or hazards and a compete	above named participant has my permission to participate in the activity indicated above. I realize every precaution is taken to eliminate any injuries azards and a competent supervisor is present; however, in the event of an injury, I hereby waive, release and hold harmless from any liability for ages or claims for damages for personal injury, including accidental death, as well as from claims for property damage which may arise in connec-						

tion with the above named activity, against the Supervisor, Community Services Department personnel and the City of Huntington Beach. Registration constitutes permission or the City of Huntington Beach to take and use any photograph of the above named participant and/or legal guardian in any promotion materials without compensation to the above named participant and/or legal guardian of the above name participant for such use. Date: Signed:

P A Y M	Cash (walk-in only) :	Check #:	Receipt #:		
	☐ Visa ☐ MasterCard ☐ Discover ☐	#			
E N T	Expiration Date/	Cardholder Signature			